



14785 Preston Rd. Suite # 550 | Dallas, Texas 75254
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Notice of Independent Review Decision

DATE OF REVIEW: 9/11/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right Lumbar ESI @ L3-L4 L4-L5

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

D.O. Board Certified in Anesthesiology and Pain Management.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)
☒ Overturned (Disagree)
☐ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	8/22/2012
Health Care Workers' Comp Services	8/22/2012
Notification of Reconsideration Determination	7/24/2012
Notification of Adverse Determination	6/07/2012
Office Visit Notes	3/28/2012-8/15/2012
Physical Therapy Notes	4/06/2012-6/19/2012
Radiology Report	5/06/2008

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a female who reportedly was injured at work on xx/xx/xx. Patient continues to complain of low back pain with radiation down the right leg. Patient presently on Naprosyn and Norco. X-ray of the lumbar spine was essentially negative (5/6/2008). On 3/28/2012 a transcription of the MRI of the lumbar spine dated 7/20/2009 revealed at L3-4 mild narrowing and diseccation of the disc with protrusion that is broad-based, producing mild stenosis, secondary to mild compression of the thecal sac, neural foramina and the lateral canals bilaterally. L4-5 protrusion/ herniation of the disc that produces marked compression of the thecal sac, neural foramina and the lateral canals bilaterally. It is accompanied by high-intensity zone. At L5-S1 there is a slight narrowing and desiccation of the disc.



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On 6/19/2012 physical therapy daily progress note, patient reports physical therapy doesn't really seem to be helping, she continues to have right hip/buttock pain. In Dr. note dated 6/27/2012 patient was asked to stop physical therapy because it was aggravating her pain and increasing her symptoms. In Dr. note dated 8/15/2012, he states patient complains of chronic, sharp, aching dull and burning pain in her lower back with radiation into her right leg. On physical exam, Deep tendon reflexes are hypoactive. Lumbar spine exam: the range of motion is limited in flexion, extension and lateral tilting, she develops radiculopathy that goes to the right leg, straight leg raising does reproduce radiculopathy that goes to the right leg.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Per ODG right lumbar ESI at L3-4 and L4-5 is medically necessary. Patient has chronic back pain with radicular component on physical exam, positive findings on MRI. Patient did try anti-inflammatories and continues to take Naprosyn. Patient did try physical therapy with no apparent improvement. Since patient tried non-Steroidals, had physical therapy with no improvement, and has positive findings on her MRI and physical exam, a right ESI at L3-4 and L4-5 is certifiable.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☐ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)